

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

4481

FORM JC/OH COVER SHEET PG 1

The JC/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #
(Ethics Commission files)

576,407

2 Total pages filed

3 CANDIDATE /
OFFICEHOLDER
NAME

TITLE

FIRST

MI

NICKNAME

LAST

SUFFIX

Judge Robert A.
Bob Perkins

OFFICE USE ONLY

Date Received

JAN 18 12 46 PM '00

FILED

Date Hand-delivered or Date Re-marked

Receipt #

Amount

Date Processed

Date Imaged

4 CANDIDATE /
OFFICEHOLDER
ADDRESS

ADDRESS / PO BOX

APT / SUITE #

CITY

STATE

ZIP CODE

2633 Deerfoot Trl.
Austin, Tx. 78704

☐ Change of Address5 CAMPAIGN
TREASURER
NAME

TITLE

FIRST

MI

NICKNAME

LAST

SUFFIX

Same as above

6 CAMPAIGN
TREASURER
ADDRESS
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE)

APT / SUITE #

CITY

STATE

ZIP CODE

Same

7 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(512) 4407020

8 REPORT TYPE

☒

January 15

☐

30th day before election

☐

Runoff

☐15th day after campaign treasurer
appointment (officeholder only)☐

July 15

☐

8th day before election

☐

Exceeded \$500 limit

☐

Final report (Attach JC/OH - FR)

9 PERIOD
COVERED

Month

Day

Year

7 / 1 / 99

THROUGH

Month

Day

Year

12 / 31 / 99

10 ELECTION

ELECTION DATE

Month

Day

Year

/ /

ELECTION TYPE

☐ Primary☐ Runoff☐ General☐ Special

11 OFFICE

OFFICE HELD (if any)

Judge, 331 E. 1st St. Ct.

12 OFFICE SOUGHT (if known)

13 DIRECT
CAMPAIGN
EXPENDITURE
BY OTHER
INDIVIDUALS

Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure.

Name

Address / PO Box

Apt / Suite #

City

State

Zip Code

☐ additional pages

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

14 C/OH NAME

Bob Perkins

15 ACCOUNT # (Ethics Commission filers)

576,407

16 SUPPORTING
POLITICAL
COMMITTEE(S)

.. This listing includes political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

COMMITTEE TYPE

☐ GENERAL

☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages
17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ *85.00*

4. TOTAL POLITICAL EXPENDITURES

\$ *145.00*

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ *11,191.04*

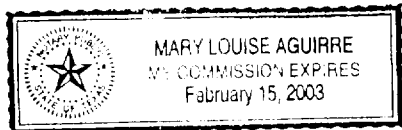
OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

18 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



AFFIX NOTARY STAMP / SEAL ABOVE

Bob Perkins

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Bob Perkins, this the 18th day of January, 20 00, to certify which, witness my hand and seal of office

Mary Louise Aguirre

Signature of officer administering oath

Mary Louise Aguirre

Printed name of officer administering oath

Notary

Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

None

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A(J)

2 FILER NAME

3 ACCOUNT # (Ethics Commission files)

4 Date

5 Full name of contributor

☐ out-of-state PAC

7 Amount of
contribution (\$)

8 In-kind contribution
description(if applicable)

6 Contributor address; City; State; Zip Code

9 Contributor's principal occupation

10 Contributor's job title

11 Contributor's employer/law firm

12 Law firm of contributor's spouse (if any)

13 If contributor is a child, law firm of parent(s) (if any)

Date

Full name of contributor

☐ out-of-state PAC

Amount of
contribution (\$)

In-kind contribution
description(if applicable)

Contributor address; City; State; Zip Code

Contributor's principal occupation

Contributor's job title

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date

Full name of contributor

☐ out-of-state PAC

Amount of
contribution (\$)

In-kind contribution
description(if applicable)

Contributor address; City; State; Zip Code

Contributor's principal occupation

Contributor's job title

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



PLEDGED CONTRIBUTIONS (JUDICIAL)

SCHEDULE B (J)

None

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule B(J)

2 FILER NAME

3 ACCOUNT # (Ethics Commission file #)

4 TOTAL OF UNITEMIZED PLEDGES:

\$

5 Date

6 Full name of pledgor

☐ out-of-state PAC8 Amount of
pledge (\$)9 In-kind description
(if applicable)

7 Pledgor address, City, State, Zip Code

10 Pledgor's principal occupation

11 Pledgor's job title

12 Pledgor's employer/law firm

13 Law firm of pledgor's spouse (if any)

14 If pledgor is a child, law firm of parent(s) (if any)

Date

Full name of pledgor

☐ out-of-state PACAmount of
pledge (\$)In-kind description
(if applicable)

Pledgor address, City, State, Zip Code

Pledgor's principal occupation

Pledgor's job title

Pledgor's employer/law firm

Law firm of pledgor's spouse (if any)

If pledgor is a child, law firm of parent(s) (if any)

Date

Full name of pledgor

☐ out-of-state PACAmount of
pledge (\$)In-kind description
(if applicable)

Pledgor address, City, State, Zip Code

Pledgor's principal occupation

Pledgor's job title

Pledgor's employer/law firm

Law firm of pledgor's spouse (if any)

If pledgor is a child, law firm of parent(s) (if any)

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LOANS (JUDICIAL)

SCHEDULE E (J)

None

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E(J):

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED LOANS: ⇐ ⇐ ⇐ ⇐ ⇐ ⇐

\$

5 Date of loan

7 Name of lender

☐ out-of-state PAC

9 Loan Amount (\$)

6 Is lender a
financial institution?

Y

N

8 Lender address, City, State, Zip Code

10 Interest rate

11 Maturity date

12 Lender's Principal Occupation

13 Lender's Job Title

14 Lender's Employer/Law Firm

15 Law Firm of lender's spouse (if any)

16 If lender is child, law firm of parent(s) (if any)

17 Description of Collateral

☐ none18 GUARANTOR
INFORMATION

19 Name of guarantor

21 Amount Guaranteed (\$)

☐ not applicable

20 Guarantor address, City, State, Zip Code

22 Guarantor's Principal Occupation

23 Guarantor's Job Title

24 Guarantor's Employer/Law Firm

25 Law Firm of guarantor's spouse (if any)

26 If guarantor is child, law firm of parent(s) (if any)

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If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.



**POLITICAL
EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F**2** FILER NAME*Bolger***3** ACCOUNT # (Ethics Commission filers)*576,407***4** Date*12/26/99***5** Payee name*Travis County Demo Party*Amount
(\$)*\$60.00***6** Payee address; City, State, Zip Code*1311 E. 6th
Austin, Tx. 78702***8** Purpose of expenditure (See instructions regarding type of information required)*Tickets to Filing Day Dinner***9** .. Complete if direct expenditure to benefit C/OH ..
Candidate / Officeholder name

Office sought / held

Date

Payee name

Amount
(\$)

Payee address; City, State, Zip Code

Purpose of expenditure (See instructions regarding type of information required)

.. Complete if direct expenditure to benefit C/OH ..
Candidate / Officeholder name

Office sought / held

Date

Payee name

Amount
(\$)

Payee address; City, State, Zip Code

Purpose of expenditure (See instructions regarding type of information required)

.. Complete if direct expenditure to benefit C/OH ..
Candidate / Officeholder name

Office sought / held

Date

Payee name

Amount
(\$)

Payee address; City, State, Zip Code

Purpose of expenditure (See instructions regarding type of information required)

.. Complete if direct expenditure to benefit C/OH ..
Candidate / Officeholder name

Office sought / held

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SCHEDULE G

None

1	Total pages Schedule G.
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3 ACCOUNT # (Ethics Commission filers)

4	Date	5 Payee name	8 Amount (\$)
		6 Payee address; City, State, Zip Code	
	7 Purpose of expenditure (See instructions regarding type of information required)	<input type="checkbox"/> Reimbursement from political contributions intended	
	Date	Payee name	Amount (\$)
		Payee address; City, State, Zip Code	
	Purpose of expenditure (See instructions regarding type of information required)	<input type="checkbox"/> Reimbursement from political contributions intended	
	Date	Payee name	Amount (\$)
		Payee address; City, State, Zip Code	
	Purpose of expenditure (See instructions regarding type of information required)	<input type="checkbox"/> Reimbursement from political contributions intended	
	Date	Payee name	Amount (\$)
		Payee address; City, State, Zip Code	
	Purpose of expenditure (See instructions regarding type of information required)	<input type="checkbox"/> Reimbursement from political contributions intended	
	Date	Payee name	Amount (\$)
		Payee address; City, State, Zip Code	
	Purpose of expenditure (See instructions regarding type of information required)	<input type="checkbox"/> Reimbursement from political contributions intended	
	Date	Payee name	Amount (\$)
		Payee address; City, State, Zip Code	
	Purpose of expenditure (See instructions regarding type of information required)	<input type="checkbox"/> Reimbursement from political contributions intended	

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PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

None

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule H:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Business name

7 Amount
(\$)

6 Business address, City, State, Zip Code

8 Purpose of payment (See instructions regarding type of information required)

9 .. Complete if direct expenditure to benefit C/OH ..
Candidate / Officeholder name Office sought / held

Date

Business name

Amount
(\$)

Business address, City, State, Zip Code

Purpose of payment (See instructions regarding type of information required)

.. Complete if direct expenditure to benefit C/OH ..
Candidate / Officeholder name Office sought / held

Date

Business name

Amount
(\$)

Business address, City, State, Zip Code

Purpose of payment (See instructions regarding type of information required)

.. Complete if direct expenditure to benefit C/OH ..
Candidate / Officeholder name Office sought / held

Date

Business name

Amount
(\$)

Business address, City, State, Zip Code

Purpose of payment (See instructions regarding type of information required)

.. Complete if direct expenditure to benefit C/OH ..
Candidate / Officeholder name Office sought / held

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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

None

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule I

2 FILER NAME

3 ACCOUNT # (Ethics Commission file #)

4 Date	5 Payee name 6 Payee address, City, State, Zip Code 7 Purpose of expenditure (See instructions regarding type of information required)	8 Amount (\$)
Date	Payee name Payee address, City, State, Zip Code Purpose of expenditure (See instructions regarding type of information required)	Amount (\$)
Date	Payee name Payee address, City, State, Zip Code Purpose of expenditure (See instructions regarding type of information required)	Amount (\$)
Date	Payee name Payee address, City, State, Zip Code Purpose of expenditure (See instructions regarding type of information required)	Amount (\$)
Date	Payee name Payee address, City, State, Zip Code Purpose of expenditure (See instructions regarding type of information required)	Amount (\$)
Date	Payee name Payee address, City, State, Zip Code Purpose of expenditure (See instructions regarding type of information required)	Amount (\$)

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CREDITS (optional)

SCHEDULE K

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule K.

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payor name 6 Payor address, City, State, Zip Code 7 Reason for credit	8 Amount (\$)
Date	Payor name Payor address, City, State, Zip Code Reason for credit	Amount (\$)
Date	Payor name Payor address, City, State, Zip Code Reason for credit	Amount (\$)
Date	Payor name Payor address, City, State, Zip Code Reason for credit	Amount (\$)
Date	Payor name Payor address, City, State, Zip Code Reason for credit	Amount (\$)
Date	Payor name Payor address, City, State, Zip Code Reason for credit	Amount (\$)

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OUTSTANDING LOANS

SCHEDULE L

None

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule L.

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

LENDER
INFORMATION

4 Name of lender

5 Lender address; City; State; Zip Code

GUARANTOR
INFORMATION

6 Name of guarantor

7 Guarantor address; City; State; Zip Code

☐ not applicableLENDER
INFORMATION

Name of lender

Lender address; City; State; Zip Code

GUARANTOR
INFORMATION

Name of guarantor

Guarantor address; City; State; Zip Code

☐ not applicableLENDER
INFORMATION

Name of lender

Lender address; City; State; Zip Code

GUARANTOR
INFORMATION

Name of guarantor

Guarantor address; City; State; Zip Code

☐ not applicableLENDER
INFORMATION

Name of lender

Lender address; City; State; Zip Code

GUARANTOR
INFORMATION

Name of guarantor

Guarantor address; City; State; Zip Code

☐ not applicable

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ASSETS VALUED AT \$500 OR MORE

None

SCHEDULE M

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule M

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

